



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL RELEASE NO. 672

TO: All Iowa Medicaid Intermediate Care Facility Providers

ISSUED BY: Bureau of Long-Term Care, Iowa Department of Human Services

SUBJECT: Voluntary Submission of Employee Turnover Data (Form)

DATE: February 4, 2008

The purpose of this Informational Release is to request supplemental information in regards to the Iowa Medicaid Accountability Measures program for nursing facilities. A workgroup, made up of industry representatives, advocacy groups, state agency representatives and other interested parties, have been reviewing the Accountability Measures in context of the goals developed when the Accountability Measures were initially implemented in SFY 2001.

This release specifically addresses the Accountability Measure Number 6, Employee Retention. Currently, as part of the Financial and Statistical Report (Form 470-0030 (Rev. 12/14/01)), Iowa Medicaid receives information related to employee retention on Schedule I. Based on research completed by the workgroup, it appears that a measure based on employee turnover would align with the work being completed by Medicare and allows Iowa data to be compared to national data.

In order to determine if a change to measure Employee Turnover rather than Employee Retention is warranted, additional data is needed. Collection of this data will allow the Department to analyze the data and establish reasonable benchmarks for awarding points. In order to collect the needed information, a new form has been developed. Iowa Medicaid is requesting nursing facilities to voluntarily submit this information. This will allow the Department to analyze the data and establish reasonable benchmarks for awarding points. Attached is the form, Nursing Facility Annual Calculation Of Employee Turnover, Form 470-4513 and instructions which can also be found at <http://www.ime.state.ia.us/Providers/Forms.html>

In order to provide time for the Department to prepare the necessary analyses, the Department is requesting that you submit this information by February 29, 2008. Completed forms should be submitted via e-mail to costaudit@dhs.state.ia.us.

Should you have any questions, please contact the IME Provider Cost Audit and Rate Setting Unit at (515) 725-1108 or (866) 863-8610, or via e-mail at costaudit@dhs.state.ia.us.